

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg. 1002



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

98 JAN 12 PM 1:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 662465

1. Corporation Name  
PEDRO A RODRIGUEZ. M.D., P.A.

96-97AR

Principal Place of Business  
1295 NW 14 St Suite L  
Miami, Fl 33125

Mailing Address  
same

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6-1-80	
City & State		City & State		5. FEI Number	
Zip		Zip		59 1996 303	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres Direct	Pedro A. Rodriguez, M.D.	1295 NW 14 St Suite L	Miami Fl 33125
			500002398065--4
			01/13/98--01038--010
			****365.00 ****365.00

A. Allen  
Jan. 12, 1998

8. Name and Address of Current Registered Agent

Pedro A. Rodriguez, M.D.  
1295 NW 14 St Suite L Miami Fl 33125

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State <b>FL</b> Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Pedro Rodriguez M.D.*  
REGISTERED AGENT MUST SIGN

Date 1/8/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Pedro Rodriguez M.D.*

edro A. rodriguez, M.D.

1/8/98

305) 325 8889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (12/96)

PEDRO A. RODRIGUEZ, M.D., P.A.

DIPLOMATE OF THE AMERICAN BOARD  
OF PSYCHIATRY AND NEUROLOGY

pg 2 of 2

September 15, 1997

Florida Division of Corporation

Re: 662465

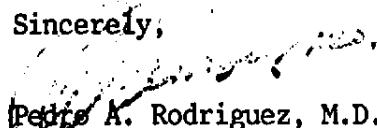
To whom it may concern:

We have just been advised by United National Bank that the corporation shows as inactive since 1996. When I contacted your office to inquiry about the matter it was confirmed that the corporation status is inactive, however I was also notified that notice had been sent to our previous address therefore we were unaware of the problem.

Please, enclosed find reinstatement application to activate the corporation, and we kindly request that you take into consideration the fact mentioned above so that any delinquent fee may be waived.

If further information is necessary, please do not hesitate to contact me.

Sincerely,

  
Pedro A. Rodriguez, M.D., P.A.